

Department of Behavioral Health and Developmental Services

State Human Rights Committee

LOCAL HUMAN RIGHTS COMMITTEE AND AFFILIATED PROVIDER

COOPERATIVE AGREEMENT

Welcome to the Department of Behavioral Health and Developmental Services' (DBHDS) Human Rights System!

Virginia's system for ensuring the rights of individuals receiving services from providers licensed, operated or funded by the DBHDS is unique in its use of citizen bodies, called Local Human Rights Committees (LHRCs). LHRCs are responsible for providing each individual receiving services the assurance that his or her rights, as defined in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (the "Regulations"), will be protected.

Each provider licensed, operated or funded by DBHDS ("Provider") must assure that each individual receiving services from the Provider has access to an LHRC. The Provider assures this access by affiliating with at least one LHRC.

The Provider is responsible for complying fully with the Regulations. Providers who are not compliant with the Regulations may be subject to a Licensure citation and sanctions invoked by the Commissioner of DBHDS. This agreement does not delineate all of the obligations that the Provider has under the Regulations, nor all of the responsibilities of the LHRC. It does, however, outline the ways that the LHRC and the affiliated Provider have agreed to work together to promote the rights of individuals, further the vision and mission of the DBHDS and the Human Rights system, and ensure high quality services for individuals.

Affiliation with a Local Human Rights Committee

The Provider will be assigned by the Office of Human Rights to an LHRC serving the region where the provider operates. If the Provider operates in multiple regions, the Provider will be assigned to one LHRC per region. The LHRC will not limit the number of affiliates without State Human Rights Committee (SHRC) approval.

Working Relationship

The LHRC and the Provider agree to work cooperatively to ensure the rights of individuals served by the affiliated Provider. The LHRC will operate in a consultative and supportive manner with the Provider. The Provider will engage positively with the LHRC and work collaboratively to answer any questions posed by the LHRC or to resolve any concerns.

Line of Communication: All communication between the LHRC and the Provider will be professional and respectful. The line of communication between the LHRC and the affiliated program will be directly between the Chairperson of the LHRC or his/her designee and the Director of the affiliated Provider or the Provider Liaison. Contact information for the LHRC and the Provider is located at the end of this Agreement.

LHRC Recommendations: In the event that the LHRC has recommendations or decisions on complaints or appeals that pertain to the Program, the LHRC will provide these recommendations or decisions in writing to the Provider. The Provider will provide a written response indicating any intended action to an LHRC written recommendation within 15 days of receiving the LHRC recommendation. If the Provider is responding to a finding as a result of a hearing, the Provider will respond within five days. Any suggestions made by individual LHRC members or those not submitted in writing to the Provider should be considered as part of a cooperative dialogue intended to promote collaboration between the LHRC and the Provider, and not formal recommendations.

LHRC Membership

As a citizen body, the LHRCs are comprised of community volunteers willing to give of their time and expertise to ensure the rights of individuals. Virginia Code requires that one-third of the LHRC members be individuals receiving services or family members of individuals receiving services, with at least two individuals who are receiving (or have received within five years of appointment) mental health, developmental disability or substance abuse treatment services. In addition, at least one member is required to be a health care provider. It is often difficult to find volunteers that meet these requirements who are willing or able to serve on an LHRC.

Provider Role in Recruiting Members: Because providers are required to assure that each individual receiving services has access to an LHRC, and because an LHRC cannot function without members, it is incumbent upon providers to identify potential LHRC members. The LHRC will inform all affiliated providers of any vacancies on the LHRC and any specific

requirements of the vacancy (for example, health care provider). The Provider will actively recruit potential members for these vacancies, including distributing applications for LHRC membership. Because the Provider is prohibited from influencing the actual appointment of an LHRC member, the Provider will limit its activities to identifying potential members and submitting information about these potential members to the LHRC for review and recommendation for appointment by the SHRC.

Attendance at LHRC Meetings

Scheduled Attendance: Each LHRC establishes an annual meeting schedule that includes each Providers scheduled Annual Report, in addition to any other meetings that the Provider is required to attend. The Provider will ensure that the appropriate staff attend LHRC meetings according to the schedule provided by the LHRC, but no less often than annually. Attendance at the meeting is to provide an opportunity for the Provider to report on their human rights activities, to provide information to the LHRC and/or to discuss specific issues of concern regarding the human rights of individuals receiving services.

Attendance at the Request of the LHRC: From time to time, the Human Rights Advocate or the LHRC might request that a Provider attend an LHRC meeting to provide specific information as part of the LHRC's overall responsibility to ensure the rights of individuals. As part of complying with the Regulations, the Provider agrees to attend LHRC meetings when requested by the LHRC or the Human Rights Advocate.

Optional Attendance: The Provider is encouraged to have staff attend all LHRC meetings to gain greater insight into the work of the LHRC and current human rights issues. Both the Provider and the LHRC should, however, be respectful of the workload that the other party carries, and not burden them with unnecessary reporting requirements or requests for guidance.

Cooperation in Investigations and Compliance

Investigations: The Provider will cooperate with the Human Rights Advocate and the LHRC to investigate and correct conditions or practices that interfere with the free exercise of an individual's human rights. The Provider will make sure that all employees cooperate with the Human Rights Advocate and LHRC in carrying out their duties under the Regulations.

Compliance: The Provider will respond promptly and completely to requests that may be made from the SHRC, LHRC or the Human Rights Advocate for information, policies, procedures, and written reports regarding the Provider's compliance with the Regulations.

Program Liaison

The Provider will name a liaison to the LHRC. The Provider Liaison may be the Director or any other staff person of the Provider who is able to provide information to the LHRC about the Provider's human rights activities, and engage in cooperative dialogue about ways to promote the rights of individual receiving services.

Presentation of Annual Report: The Provider Liaison will attend a minimum of one meeting per year, according to the schedule developed by the LHRC. At this meeting, the Provider Liaison will present a verbal synopsis of the Provider's Annual Report. The Provider Liaison may be requested to attend LHRC meetings more than annually if the LHRC or Human Rights Advocate has concerns about rights violations within a program of the Provider.

Records and Witnesses: The Provider Liaison is also responsible for making sure that any required records and employee witnesses are available to the LHRC in the event of an LHRC hearing involving a program of the Provider.

Support to the LHRC: Another role of the Provider Liaison is to provide support to the LHRC for their meetings. When requested by the LHRC, the Provider Liaison will arrange for suitable meeting accommodations, clerical support and equipment for LHRC meetings. This responsibility can be shared with other providers based on a schedule mutually-agreed on by the affiliated providers and the LHRC. It is also acceptable for just one affiliated provider to provide this support to the LHRC. A provider may delegate their support responsibility to another provider and compensate that provider for the costs of providing the support. However, it is not acceptable for the Provider to pay "dues" or "fees" to the LHRC in order to meet its obligation of providing support to the LHRC for their meetings. Below are the specific arrangements that the Provider and LHRC have made to fulfill the responsibility of providing support to the LHRC:

- Meeting accommodations _____
- Clerical support _____
- Equipment _____
- Transportation (optional) _____
- Refreshments (optional) _____
- Delegated to another Provider _____

In addition, the Provider is responsible for submitting to the designated clerical support person sufficient copies of any material to be presented to the LHRC at least two weeks prior to the LHRC meeting.

Required Reporting to the LHRC

Data Collection: The Provider will collect, maintain and submit written information to the LHRC about the Provider's human rights activities. The DBHDS is currently working on making the Computerized Human Rights Information System (CHRIS) available to all providers. Once this system is in place, the Provider will use CHRIS to collect data and compile necessary reports for the DBHDS, the Human Rights Advocate and the LHRC. The Office of Human Rights may also develop specific reporting formats to assist the Provider in reporting human rights activities.

Quarterly Report: The Provider will submit a written report to the LHRC on a quarterly basis outlining some of the Provider's human rights activities during the preceding quarter. The purpose of this reporting is to provide the LHRC with information about the systems the Provider has to protect the rights of individuals receiving services and to comply with the Regulations, as well as the methods the Provider uses to resolve complaints of human rights violations or allegations of abuse, neglect and exploitation. The Quarterly Report is due to the LHRC and the Human Rights Advocate at least two weeks in advance of the LHRC meeting. Unless specifically requested by the LHRC or the Advocate, the Provider is not required to attend the LHRC meeting and present the report. The Quarterly Report will include:

- A brief summary of each allegation of abuse, neglect or exploitation, including:
 - Whether the abuse, neglect or exploitation occurred
 - The type of abuse and
 - Whether the act resulted in physical or psychological injury;
- A summary of type, resolution level and findings of each complaint of a human rights violation;
- A summary of any requests for a fact-finding hearing; and
- Corrective Actions taken.

Annual Report: The Provider will also submit a written Annual Report to the LHRC. The purpose of this reporting is the same as the Quarterly Report – to provide the LHRC with information about the systems and methods the Provider uses to protect rights, comply with the regulations and resolve complaints or allegations. The Annual Report is due to the LHRC no later than January 15th for the previous calendar year. It will include:

- A brief summary of each allegation of abuse, neglect or exploitation, including:
 - Whether the abuse, neglect or exploitation occurred,
 - The type of abuse,
 - Whether the act resulted in physical or psychological injury, and
 - The Corrective Actions taken;

- A summary of type, resolution level and findings of each complaint of a human rights violation;
- A summary of any requests for a fact-finding hearing;
- A summary regarding the implementation of any variances to the Regulations;
- A summary of each instance of seclusion or restraint; and
- A summary of any human research and the status of individuals' participation in human research.

Provider Contact Information

Name of Provider: _____

Director –

Name: _____

Title: _____

Address: _____

Phone: _____ Fax : _____ Email: _____

Provider Liaison –

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

LHRC Contact Information

LRHC Chair –

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

My signature below indicates that I have received a copy of this Cooperative Agreement. I understand and will work cooperatively to promote the rights of individuals receiving services, further the vision and mission of the DBHDS and the Human Rights system, and ensure high quality services for individuals.

Provider

Date

LHRC Chair

Date